

**JOINT BOARD OF LICENSURE AND CERTIFICATION**

**STATE OF NEW HAMPSHIRE**

LOUISE LAVERTU  
EXECUTIVE DIRECTOR

57 Regional Drive  
Concord, N.H. 03301-8518

PROFESSIONAL ENGINEERS  
ARCHITECTS  
LAND SURVEYORS  
FORESTERS  
PROFESSIONAL GEOLOGISTS  
NATURAL SCIENTISTS  
LANDSCAPE ARCHITECTS

Telephone 603-271-2219  
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**BOARD OF LICENSURE FOR ARCHITECTS  
LICENSE RENEWAL NOTIFICATION**

Our records indicate that your license expires **November 30, 2008**; therefore your renewal is now due.

The renewal fee is **\$150.00** for the ensuing two years and is payable on or before **November 30, 2008**. Checks should be made payable to: **TREASURER, STATE OF N.H.** If you do not wish to renew your license, please check the space provided, so that we may update our records. The Board shall charge a late fee of **\$30.00** for each month or fraction of a month the renewal is late, up to 12 months, **in addition to the renewal fee**.

Amount enclosed \$\_\_\_\_\_

You may renew on-line at [nhlicenses2.nh.gov/professional/](http://nhlicenses2.nh.gov/professional/)

Please fill out the license renewal form (printed or typewritten) and return to the Board office.

**PLEASE CIRCLE MAILING ADDRESS**

NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TEL # \_\_\_\_\_

FIRM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

☐ **\$150.00 -Yes, I do wish to renew**

☐ **No, I do not wish to renew.**

**Page 2**  
**Architect Renewal Form**

**Concerning licensure/registration in other jurisdictions:**  
**(Please check one)**

- |    |  |                                 |                                |
|----|--|---------------------------------|--------------------------------|
| 1. | I have been found by a court or licensing/registration Board to have violated the law in the conduct of my practice or through other conduct involving the wanton disregard of others. | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 2. | Have you had any disciplinary action brought against you for services as an Architect?   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |

**If yes, include complete details and submit on additional sheet.**

**I attest to the information contained in this form is true and correct to the best of my knowledge and belief and acknowledge that the provision of false information in the application is a basis for disciplinary action by the board:**

**SIGN HERE**



\_\_\_\_\_  
Signature

**Find us on-line at [www.nh.gov/jtboard/home.htm](http://www.nh.gov/jtboard/home.htm)**  
**Renew on-line at [nhlicenses2.nh.gov/professional/](http://nhlicenses2.nh.gov/professional/)**

**You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.**

Transaction Type: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Card Type: (please circle one) Visa    Mastercard    **(required)**

Card Number: \_\_\_\_\_ **(required)**

Expiration Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_ **(required)**

**Billing Name and Address (your billing address must match the address associated with the credit card you are using.)**

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_